

Marquette COUNTY HIGHWAY DEPT  
 APPLICATION/PERMIT to CONSTRUCT, OPERATE,  
 and MAINTAIN UTILITIES WITHIN HIGHWAY  
 RIGHT-OF-WAY

Applicant/Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Local Phone & Pager: \_\_\_\_\_  
 Plans Prepared By: \_\_\_\_\_  
 Preparer's Phone: \_\_\_\_\_

LOCATION INFORMATION	
Highway(s):	_____
Town/Village/City of:	_____
_____ ¼ of the _____ ¼ Sec _____ T _____ N _____ R _____ E	
ADDITIONAL INFORMATION	
Annual Service Connection Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Work Order #	_____
Fee Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____

**DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)**

UTILITY TYPE:  Electric  Gas/petroleum  Communications  Water  Sanitary sewer  Private line  
 Transmission  Distribution  Service Facility Size/Capacity: \_\_\_\_\_  
 (diameter, # fibers, psi, Kv, etc.)

ORIENTATION:  Overhead  Underground  Parallel to hwy centerline  Hwy crossing  Bridge attachment  Tunnel

WORK TYPE:  New construction  Improve/repair existing  Maintenance  Removal  Abandon in place

CONSTRUCTION METHOD(S):  Plow  Trench  Bore  Suspend on poles/towers  Open cut hwy  Cased  
 Tree cutting/removal  Chemical treatment of trees/brush Erosion Control Designation:  Major  Minor

Provide additional narrative if needed: \_\_\_\_\_

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE  
 RESPONSIBLE FOR CONSTRUCTION: \_\_\_\_\_

Estimated Starting Date: \_\_\_\_\_ Estimated Completion/Restoration Date: \_\_\_\_\_

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: \_\_\_\_\_ (Signature of Applicant/Company Authorized Representative) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Typed/Printed Name of Person Signing Above or Electronic Signature Code) \_\_\_\_\_ (Authorized Applicant/Company Representative Telephone Number)

**DO NOT WRITE BELOW THIS LINE**

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: \_\_\_ Yes \_\_\_ No

By: \_\_\_\_\_ (Authorized Representative for County)  
 \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

Date Revised: 1/5/01 clm

FEE RECEIVED: \$ _____
CHECK NUMBER: _____
DATE ISSUED: _____
HWY PROJECT #: _____
PERMIT NUMBER: _____